



# Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01131929

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK,TX 786802050

Freight Amount: \$0.00  
Gross Amount (includes Frt.): \$30,333.77  
Discount Amt Taken: \$0.00  
Payment Amount: \$30,333.77

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description		AMOUNT						
1	0000095489	0		082016	082016 (Contract 529-16-0132-00006 Te)		\$30,333.77						
<u>ShipTo ID</u> Non-HHSAS Cntrct ID													
1326	Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT: 09/27/16 Req'd Pay DT: 10/03/16							
	529-16-0132-00006	N				Inv Recv'd DT: 09/27/16 Pay Due DT: 10/27/16							
1.1	Account	Entry Event	Fund	Dept.	Program	Service DT: 08/31/16 P O DT: 08/30/16							
	762300		0001	MHTWG	1011P	2016	GR						
	Open Item Key:						Certified Amt: 0.00						
<u>Descriptive Legal Text (DLT Comments):</u>													
DOS: AUG 2016													

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

SEP 28 2016

09/27/2016

Approved By	Approver Phone(Area+Number)	Date Approved	Date Entered into HHSAS
			Wagner,Cathy J (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

RECEIVED

SEP 27 2016

Health & Human Services  
Commission

## STATE OF TEXAS

## PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Archive reference number		2. Agency number		3. Agency name		Health & Human Services Commission				4. Current document number			
		529								1131929			
6. Effective date						7. Original date		8. Contract number		9. Doc agency			
										529			
9. Texas Identification number				10. PDT		11. PCC		12. Purchase Order number		13. Document amount			
17427579192000								52900-6-0000095489		\$30,333.77			
14. Payee name / address						15. GSC order number		17. AGENCY USE					
The Heidi Group, PO Box 2050, Round Rock, TX 78680-2050													
18. SFX 001 Ref Doc # C G RC TC PDA FY COBJ AOBJ Amount													
APPN Fund		Pmt due date		Invoice date		09/27/16		Invoice number / Account Number		082016			
DeptID/Speedchart								Requested Payment Date		3 days			
Cap Ind		Tag #		AGENCY USE									
18. SFX 001 Ref Doc # C G RC TC PDA FY COBJ AOBJ Amount													
APPN Fund		Pmt due date		Invoice date				Invoice number / Account Number					
DeptID/Speedchart								Requested Payment Date					
Cap Ind		Tag #		AGENCY USE									
18. SFX UU1 Ref Doc # C G RC TC PDA FY COBJ AOBJ Amount													
APPN Fund		Pmt due date		Invoice date				Invoice number / Account Number					
DeptID/Speedchart								Requested Payment Date					
19. SERVICE / DEL DATE		20. DESCRIPTION OF GOODS OR SERVICES						21. QUANTITY		22. UNIT PRICE		23. AMOUNT	
August 2016		Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group  Program: Healthy Texas Women Contract Term: July 15, 2016 thru August 31, 2017 HHSC Doc # 529-16-0132-00006 Type of Entity:non profit corporation										30,333.77	
24. VENDOR CERTIFICATION								Phone (Area code and number)		25. Entered by			
Vendor Contact Name Carol Everett								Phone (Area code and number) 512-255-2088					
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.													
Agency contact/preparer Kim Relph				Printed Name Kim Relph				Phone (Area code and number) 512-776-6443		Date 27-Sep-16			
Agency Approver SIGN HERE				Printed Name				Phone (Area code and number)		Date			

9/27/16

**Texas Health and Human Services Commission**  
**Form B-13H**

Agency Name: The Heidi Group

<b>Supporting Schedule for Healthy Texas Women Reimbursement Vouchers</b>			
	<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
1	<b>Total Allowable HTW Cumulative Expenses incurred:</b> "B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses (Value of in-kind contributions should only be reported on line 15)	August, 2016	35,578.13
2	<b>Program Income (Cumulative):</b>		
3	<b>HTW Fee-For-Service Reimbursements from TMHP</b>	1,998.95	
4*	<b>Sub Total - Program Income</b> →→→→→		1,998.95
5*	<b>Gross Cumulative HTW Reimbursable Expenses</b>		33,579.18
6	<b>Total Award Amount of the HTW Categorical Contract</b>	1,649,531.00	
7*	<b>Non HHSC Funding Expended</b> – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.		0.00
8*	<b>Net Cumulative HTW Reimbursable Expenses</b>		33,579.18
9	<b>Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)</b>		3,245.41
10*	<b>Gross Reimbursement Requested this Voucher</b>		30,333.77
11	<b>Less: Refunds or Other Adjustments (if any)</b>		0.00
12*	<b>Net Reimbursement Requested this Voucher</b> (Negative amount at end of contract term indicates a refund to HHSC)		\$30,333.77
13*	<b>Total Cumulative Non HHSC Funding Expended</b> (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00

\* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (signature not necessary for HTW program)	9/23/2016
Carol Everett	512-255-2088

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report*

# Health & Human Services Commission

## Purchase Order

			Dispatch via Print		
Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-0000095489	
Net 30	FOB Dest. Prepaid & All BEST WAY		Date	Revision	Page
			08/30/2016		1
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					

Vendor: 1742757919  
 THE HEIDI GROUP  
 PO BOX 2050  
 ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

Line-Sch	Inventory Item ID - Line Description	Class-Item	Purchaser:	Marshall,Carol Beth (PCS)	512-406-2476
			Quantity UOM	PO Price	Extended Amt Due Date

Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006  
 Purchase Order Term: 7/15/2016 - 8/31/2017  
 FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73  
 FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

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 Agency Contact: Camille Laosebikan

Phone: 512-776-3561

Email: Camille.laosebikan@hhsc.state.tx.us

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 HHS-PCS Purchasing Contact: Carol Marshall, CTPM

Phone: 512-406-2476

Email: carol.marshall2@hhsc.state.tx.us

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 PCC EX/0

1- 1	Contract 529-16-0132-00006 Term 7/15/16 thru 8/31/17 Budget Year 2016	1.00 LOT	549,800.00000	549,800.00	09/22/2016
		952-58			

Schedule Total 549,800.00

Contract ID: 529-16-0132-00006      Contract Line: 0      Release: 1

Item Total for Line 1 549,800.00

Total PO Amount 549,800.00

# Health & Human Services Commission

## Purchase Order

Payment Terms	Freight Terms	Ship Via	Dispatch via Print		
Net 30	FOB Dest. Prepaid & All BEST WAY		52900-6-0000095489		
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date	Revision	Page
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			08/30/2016		2
			Ship To:	Contract Oversight & Support HEALTH & HUMAN SERVICES COMMISSION 1100 W 49th St PO Box 149347 Ste M550 Austin TX 78756 United States	
			Bill To:	Health & Human Services Commission Mail Code: 3500 4900 N. Lamar Blvd, 5th Floor Austin TX 78751 United States	
			Purchaser:	Marshall,Carol Beth (PCS)	512-406-2476
			Quantity UOM	PO Price	Extended Amt Due Date
Line-Sch Inventory Item ID - Line Description      Class-Item					

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized

## **Negron,Elizabeth (HHSC)**

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**From:** Relph,Kim H (HHSC)  
**Sent:** Tuesday, September 27, 2016 1:42 PM  
**To:** HHSC AP  
**Subject:** Voucher Approval - HTW - Heidi Group 072016, 082016  
**Attachments:** July 2016 B-13H HHSC.XLS; July 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls; August 2016 B-13H HHSC.xls; August 2016 HHSC Purchase Voucher FY17 - HTW 4116.xls

These vouchers are approved for payment. Thank you.

*Kim Relph, Contract Specialist*  
Health & Human Services, Austin TX  
Medical & Social Services Division  
Women's Health & Education Services  
Contract Support, Mail Code 1326  
phone: 512-776-6443

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**From:** HHSC Women's Health Services (WHS) Finance  
**Sent:** Tuesday, September 27, 2016 12:55 PM  
**To:** Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>  
**Subject:** FW: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

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**From:** HTW Billing [<mailto:htwbilling@heidigroup.org>]  
**Sent:** Tuesday, September 27, 2016 12:29 PM  
**To:** HHSC Women's Health Services (WHS) Finance <[WHSFinance@hhsc.state.tx.us](mailto:WHSFinance@hhsc.state.tx.us)>  
**Subject:** RE: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

Thank you! I've attached July and August to make sure you have all that you need.

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**From:** HHSC Women's Health Services (WHS) Finance [<mailto:WHSFinance@hhsc.state.tx.us>]  
**Sent:** Tuesday, September 27, 2016 12:18 PM  
**To:** HTW Billing <[htwbilling@heidigroup.org](mailto:htwbilling@heidigroup.org)>  
**Subject:** RE: The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

There was nothing attached. Please resend with attachments.

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**From:** HTW Billing [<mailto:htwbilling@heidigroup.org>]  
**Sent:** Friday, September 23, 2016 1:59 PM  
**To:** HHSC Women's Health Services (WHS) Finance <[WHSFinance@hhsc.state.tx.us](mailto:WHSFinance@hhsc.state.tx.us)>  
**Subject:** The Heidi Group August 2016 Purchase Voucher 4116 & Form B-13H

Good afternoon,

Please find our July 2016 Purchase Voucher 4116 & Form B-13H.

Have a wonderful weekend!

Regards,  
Janyne Hornung  
Toni Moman

The Heidi Group  
(512) 255-2088 | [janyne@heidigroup.org](mailto:janyne@heidigroup.org)  
[www.heidigroup.org](http://www.heidigroup.org)

